

Transcript of the Testimony of  
**Dr. Robert Lacy**

**Date:**

March 14, 2019

**Eddie Spiller v. Jeffrey Stieve**

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Dr. Robert Lacy

Eddie Spiller v. Jeffrey Stieve

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MICHIGAN

EDDIE SPILLER,

Case No.:

Plaintiff,

18-cv-00692

VS

Honorable Janet T. Neff

Magistrate Ellen S. Carmody

JEFFREY STIEVE, WILLIAM BORGERDING,

CORIZON OF MICHIGAN a/k/a

CORIZON HEALTH, INC., KEITH PAPENDICK,

ROBERT LACY, and JEFFREY BOMBER,

Defendants.

\_\_\_\_\_/

DEPOSITION OF: DR. ROBERT LACY

LOCATION: 1441 West Long Lake, Troy, Michigan

DATE: March 14, 2019

TIME: 9:30 a.m.

Taken in the above-entitled cause, before James A. Hengstebeck,  
Certified Electronic Recorder, CER #4623, and Notary Public for  
the County of Oakland.

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1 don't know if I can answer your question any better,  
2 because --

3 Q. All right. Sorry.

4 A. -- I'm not -- okay.

5 Q. Let's talk about your role within Corizon as I understand  
6 it, tell me if I'm wrong. There are the feet on the  
7 ground healthcare professionals that are in the prisons  
8 who are actually laying their hands on the patients,  
9 right? That would be -- it might be a PA, it might be  
10 a -- is it a --

11 A. A nurse practitioner.

12 Q. -- a nurse practitioner. Those are the people who  
13 physically touch the patients, correct?

14 A. And the doctors, yes, yes.

15 Q. Now, if they wanted treatment that goes beyond the  
16 standard, they have to fill out a form, a 407 form and it  
17 goes up the chain, correct?

18 MS. VAN THOMME: Object to form.

19 THE WITNESS: That's correct.

20 Q. (By Mr. Altman) Okay. Who do they go to first?

21 A. Currently, it is emailed to the Utilization Management  
22 Department, there is a secretary or -- well, essentially a  
23 secretary who looks at them and sees if they can be, oh,  
24 treated by a protocol. So, for instance, if somebody's  
25 hemoglobin is less than six and they are asking for a

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1 transfusion, you know, we are not -- there's not a likely  
2 circumstance where we are going to say no to that, and so  
3 those things, you know, that's an example of what they  
4 might have a protocol for to just approve it.

5 Q. And that's being done by a secretary?

6 A. That's using a -- she uses a template or, like, a list. I  
7 personally have never seen it, but there are -- there are  
8 certain things where if it's something that we will  
9 probably never say no to and, like, oncology follow-ups  
10 and, you know, transfusing a hemoglobin below six and  
11 things like that, you know, physical therapy after a knee  
12 replacement surgery, you know, things like that just get  
13 approved, you know. I think it's automatic. I've never  
14 worked in the UM department, but I understand that there  
15 is a lot of -- lots of things that are just approved by  
16 protocol.

17 Q. So --

18 A. I think maybe the physical therapy after a knee  
19 replacement might actually be a better example of that.

20 Q. So you say basically things that are essentially going to  
21 be approved, that is something that can be handled by that  
22 person, if stuff that would require -- that might not get  
23 approved is something they would not handle?

24 MS. VAN THOMME: Object to form and foundation.

25 THE WITNESS: I believe -- I believe the things that

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1           aren't approved by protocol go on to a doctor in the  
2           utilization management to look at.

3    Q.    (By Mr. Altman) Okay. Now, these doctors -- and who are  
4           these doctors?

5    A.    Well, in Michigan, the main one currently is  
6           Dr. Papendick.

7    Q.    Dr. Coleman, is he also a utilization doctor?

8    A.    He is not. He -- he approves -- he does the approvals for  
9           things like durable medical equipment and non-formulary  
10          medications, which he just took over that role with the  
11          departure of Dr. Borgerding.

12   Q.    And when was that?

13   A.    I think that was a couple years ago. I think Borg left in  
14          I want to say maybe the late -- like August or September  
15          of 2016, but you know, it could have been 2017. I'm not  
16          really sure.

17   Q.    Where do you fit in this whole structure?

18               MS. VAN THOMME: Object to form.

19               THE WITNESS: As far as where do I fit into the  
20          approvals and --

21   Q.    (By Mr. Altman) Just generally into Corizon in Michigan,  
22          where do you fit?

23   A.    Well, currently, I am a regional medical director, so my  
24          region is the Adrian Correctional Facilities,  
25          Duane Waters, the reception center in C Unit in Jackson,

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1 Women's Huron Valley, Woodlands Correctional Facility in  
2 Ypsilanti and the Detroit Reentry and Ryan Correctional  
3 Facility and at times, you know, I was -- for a little  
4 bit, I was also over the Thumb and Macomb, and the Macomb,  
5 I may be over that again. They talked about -- they  
6 talked about trading me and Dr. Schmidt for Macomb for  
7 Woodland, but I don't think they were going to follow  
8 through with that, so I don't really know.

9 Q. So what do you do?

10 A. Well, I interview new people to hire them. When we hire  
11 somebody I do a little bit of the training where we -- I  
12 go over some policies and that sort of thing. I go around  
13 to the sites and do visits to see if there's any issues or  
14 anything that I can help out with, if the health unit  
15 managers are, you know, having any issue with our people  
16 that I would maybe need to resolve or if our people are  
17 having a problem with anything like not getting support  
18 for, you know, not getting the nursing support that they  
19 need and other issues. Just like people have questions on  
20 how to do things or what should they do in a certain  
21 situation. I'm available to help them out with that.

22 I spend a whole lot of my time doing kind of quality  
23 assurance studies. We look at different things like the  
24 ER runs to see if we think that the ER runs were -- to see  
25 if there are an unusual number of unnecessary ER runs. We

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1       that should all go on the 407 and, you know, in one case  
2       it may be that I think somebody has an ACL tear and their  
3       anterior drawer test is, you know, I can push the knee and  
4       it's unstable, you know, that we would actually probably  
5       want them to get an MRI first and then go see the  
6       specialist because the specialist most of the times  
7       will -- they'll do the visit and they'll ask for an MRI,  
8       then we'll get the MRI and have to send the visit -- the  
9       person back. So, you know, depending on -- it depends on  
10      what it is.

11     Q.    (By Mr. Altman) I understand that, but I am not talking  
12           about the details. You still train these doctors to  
13           properly -- I think you said fill out a 407 request,  
14           right?

15     A.    We tell them what we are looking for in a 407 request,  
16           yes.

17     Q.    And isn't your presumption that your doctors listen to  
18           you?

19     A.    It is.

20     Q.    And that if a doctor fills out a 407 that because you  
21           trained them, they know the criteria to put on a 407?

22           MS. VAN THOMME: Object to form and foundation.

23           THE WITNESS: It is and we track to see -- we track  
24           to see what percentages people are getting of approvals  
25           and denials, because we want people to achieve something

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1       like a 90 -- 90 percent approval rate, so if they are  
2       getting, like, a 50 percent approval rate, then they are  
3       not doing something right. Either they are not filling it  
4       out right with the information that we need or they are  
5       asking for too many things that are just, you know,  
6       unnecessary, they are not doing the steps that could be  
7       done in the right order, so in that case, we would go back  
8       and try to retrain that person.

9     Q.    (By Mr. Altman) Is it also possible that Corizon has been  
10       unreasonably denying 407s?

11           MS. VAN THOMME: Object to form.

12           THE WITNESS: I don't think so.

13     Q.    (By Mr. Altman) How do you know?

14     A.    Because the alternative treatment plans that I've seen  
15       most of the time, I agree with them.

16     Q.    Do you think it's appropriate to send a -- to send a  
17       person for physical therapy, for a non-orthopedist to  
18       decide to send a person for physical therapy without an  
19       orthopedist approving that physical therapy?

20           MS. VAN THOMME: Object to form and foundation.

21     Q.    (By Mr. Altman) Let me take a step back.

22     A.    I think --

23     Q.    Hold on. Hold on. There's a big difference --

24     A.    I'd like to answer that question.

25     Q.    No, I'm withdrawing that. There's a big difference



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1 A. Okay, sure.

2 Q. He's the utilization manager for everybody in the state of  
3 Michigan, right?

4 A. He's the utilization manager.

5 Q. Every nonstandard treatment for a prisoner in the state of  
6 Michigan flows through his hands, right?

7 A. It does.

8 MS. VAN THOMME: Object to form and foundation.

9 Q. (By Mr. Altman) Right?

10 A. In a general course of things, yes.

11 Q. Any orthopedic surgery to be done on a prisoner in the  
12 state of Michigan would flow through his hands, right?

13 MS. VAN THOMME: Object to form and foundation.

14 THE WITNESS: Yes.

15 Q. (By Mr. Altman) Do you see where it says -- and by the  
16 way, looking at this document, this is dated January 26,  
17 2015. Do you see that? Do you see that up at the top?

18 A. Yes.

19 Q. And you see at the bottom it's talking about  
20 Eddie Spiller, right?

21 A. Yes.

22 Q. Eddie Spiller is the plaintiff in this case, right?

23 A. Yes.

24 Q. Do you see in the middle of this thing, this says Reviewer  
25 Comments?